


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90171 050 \*\*\*150.00

<b>DOCUMENT # P03000058086</b> 1. Entity Name <b>HEIGHTEN INVESTMENTS, INC.</b>			
Principal Place of Business <b>480 OCEAN BLVD</b> <b>ATLANTIC BEACH, FL 32233</b>		Mailing Address <b>480 OCEAN BLVD</b> <b>ATLANTIC BEACH, FL 32233</b>	
2. Principal Place of Business - No P.O. Box # <b>41 Fairway Lane</b> Suite, Apt. #, etc.		3. Mailing Address <b>41 Fairway Lane</b> Suite, Apt. #, etc.	
City & State <b>Jacksonville Beach, FL</b> Zip <b>32250</b> Country <b>USA</b>		City & State <b>Jacksonville Beach, FL</b> Zip <b>32250</b> Country <b>USA</b>	
4. FEI Number <b>20-0798882</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04282008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>PORCELLI, III, ARTHUR R</b> <b>480 OCEAN BLVD</b> <b>ATLANTIC BEACH, FL 32233</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>41 Fairway Lane</b> City <b>Jacksonville Beach FL</b> Zip Code <b>32250</b>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST <b>PORCELLI, III, ARTHUR R</b> <b>480 OCEAN BLVD</b> <b>ATLANTIC BEACH, FL 32233</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>41 Fairway Lane</b> <b>Jacksonville Beach, FL 32250</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with either like empowered.			
SIGNATURE: 		Date <b>4/29/08</b> Daytime Phone # <b>904242533</b>	